

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030320

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 29

FILED AUG 20 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Chariton</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Chariton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>103 West 6th St.</u>		c. CITY OR TOWN <u>Salisbury</u>	d. STREET ADDRESS (If outside, give location) <u>103 W. 6th St.</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>Grace John Fellows</u>		Month Day Year <u>Aug. 13, 1962</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Wh.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/27/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	9. AGE (last birthday) <u>78 yrs.</u>
13a. FATHER'S NAME <u>John Garhardt</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Aumiller</u>	14. NAME OF HUSBAND OR WIFE <u>Aubrey Fellows</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>4</u>	17. INFORMANT Address <u>Mr. Aubrey Fellows, Salisbury, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Medulary Failure</u>			<u>2 wks.</u>
DUE TO (b) <u>Internal Hemorrhage</u>			<u>2 days</u>
DUE TO (c) <u>Arterio Sclerosis</u>			<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Aug. 6, 1962</u> to <u>Aug. 13, 1962</u> and last saw her alive on <u>Aug. 13, 1962</u> Death occurred at <u>Home</u> <u>10 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. L. Wichhorn D.O.</u>		22b. ADDRESS <u>119 W. 2nd. Salisbury, Mo.</u>	22c. DATE SIGNED <u>8/15/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>8/16/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-15-62</u>	26. REGISTRAR'S SIGNATURE <u>Donald W. Berry</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas B Winkebmeyer

Licensed Embalmer No. 3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.